Department of Education
Office Of Medicaid
Services
Audiology Services Training

Office of Medicaid Services (OMS)

2025-2026

SOUTH CAROLINA
DEPARTMENT OF EDUCATION

Purpose of Training

To provide a better understanding of the Medicaid policy requirements and procedures specific to Audiology services.

This training does not replace Medicaid policy and therefore, district staff are responsible for reviewing the LEA Provider Manual in its entirety for a comprehensive overview of policy requirements and expectations.

Audiology Services

In accordance with 42 CFR 440.110(c)(1), audiology services include diagnostic, screening, preventive or corrective services provided by or under the direction of an audiologist, for which a patient is referred by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under state law.

Audiology services include diagnostic, screening, preventative, and/or corrective services provided to individuals with hearing disorders or for the purpose of determining the existence of a hearing disorder by or under the direction of an audiologist.

Qualified Staff

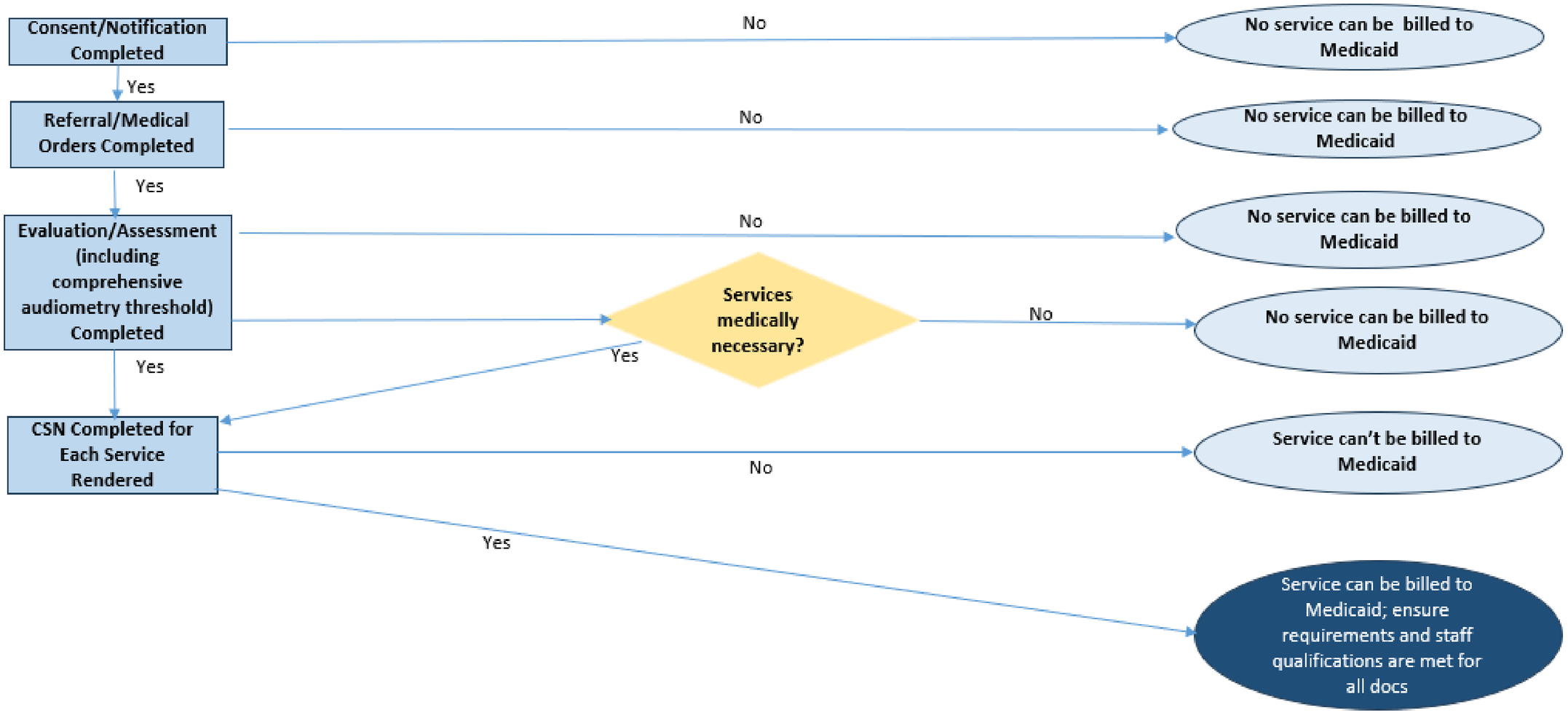
- A qualified audiologist means an individual licensed to practice Audiology. In accordance with 42 CFR 440.110(b)(2)(i)(ii), a qualified audiologist with a master's or doctoral degree in audiology that maintains documentation to demonstrate that he or she meets one of the conditions:
- The State in which the individual furnishes audiology services meets or exceeds State licensure requirements.
- The individual is licensed by the State as an audiologist to furnish audiology services.

Reimbursable Audiology Services

Medicaid reimburses for the following services when provided by an audiologist for which the beneficiary has been referred:

- Audiology evaluations (once every 12 months),
- Hearing aids,
- Pure tone audiometry (maximum of 6 times every 12 months),
- Tympanometry (maximum of 6 times every 12 months),
- Acoustic reflex testing; threshold (maximum of 2 times every 12 months),
- Electrocochleography (once per implantation), and
- Hearing aid examination and selection (maximum of 6 times every 12 months).

Sequence of Documentation



Consent

Consent is the act of providing express permission, in writing, for some particular action to take place. To comply with legal requirements and the guidelines established by Health Insurance Portability and Accountability Act (HIPAA), Individuals with Disabilities Education Act (IDEA), and the Family Educational Rights and Privacy Act (FERPA), the person providing written consent must be fully informed of all information, in his or her native language, relevant to the activity for which consent is sought and understand the activity for which consent is sought.

For the purposes of Medicaid, consent refers to express permission to medically assess/evaluate, provide treatment, share information to a third party, and bill Medicaid and/or third-party insurance providers for covered services within the guidelines established by the State Medicaid program, the HIPAA, IDEA, and FERPA.

Consent (Cont.)

A consent form must be signed by the parent/guardian on behalf of the child.

- The General Consent form can be found at the Office of Medicaid Services (OMS) webpage.
- The Medicaid Notification of use of Public Benefits or Private Insurance to Pay for Services Under IDEA form must be provided once a year prior to requesting consent to bill Medicaid and/or any third-party insurer for services that the District will provide in the future.

Release of Information

- A Release of Information Form must be signed and dated by the student if 18 or older, the student's parent or guardian and be present in the clinical record.
- A Release of Information Form authorizes the release of any medical information necessary to process Medicaid claims.
- The release may be incorporated into a consent form.
- The release has been incorporated into the OMS' Medicaid General Consent form.

Referral Requirements

- A referral that covers the year in review must be in the student file.
- The referral must be titled, dated and signed by a LPHA.
- The referral must be completed by an LPHA other than the direct provider of service.
- The referral must be dated prior to the evaluation or re-evaluation.
- The referral must be dated prior to the first date of service rendered in the year in review.

Audiology Services

Evaluation

- An audiology evaluation is a face-to-face interaction between the audiologist and the student for the purpose of evaluating the student's dysfunction and determining the existence of a hearing disorder.
- Evaluations must occur prior to the provision of the Medicaid rehabilitative therapy service.
- This service may be performed once per lifetime.

Reevaluation

- A reevaluation must be conducted annually (every 12 months) for each beneficiary; however, a reevaluation may be performed six times every 12 months.
- An audiological reevaluation is when appropriate components of the initial evaluation are reevaluated and provided as a separate procedure. The necessity of an audiological evaluation must be appropriately documented. This service may be performed six times every 12 months.

Evaluation/Reevaluation Requirements

- The evaluations/reevaluations must be completed after receiving an updated referral from another LPHA.
- The comprehensive audiometry test results must be included in the evaluation/reevaluation report.
- The evaluation should include review of available medical history records, and must include diagnostic testing and assessment, and a written report with recommendations.
- The evaluation/reevaluation must include the name, title, date, and signature of the audiologist.
- The evaluation/reevaluation must be dated prior to the first date of service rendered in the year in review.

Clinical Service (CSN)

CSNs must be documented in a narrative of each service session.

Notes must capture the Medicaid services provided.

- CSNs to support all billed claims must be present on file.
- Each CSN must be dated, titled and signed by the provider of service.
- CSNs must reflect a Medicaid billable service.
- All CSNs must include the date of service.
- CSN documentation must be sufficient to support the number of units billed to Medicaid.
- Each CSN must be individualized and student specific.
- CSNs must describe the activities that took place during the session.
- CSNs must include the student's response to treatment and activities.

Clinical Records and Maintenance

Medicaid policy requirement guidelines for clinical records and maintenance are as follows:

- Each clinical entry must be typed or legibly handwritten in ink,
- Clinical records must be arranged logically,
- All clinical entries must be filed in the student's clinical records,
- A signature sheet must be available that identifies the staff's name, signature and initials,
- An abbreviation and symbols key must be available, and
- Each entry must stand on its own and not include arrows, ditto marks, etc.
- LEAs are required to maintain a clinical record on each Medicaid eligible child that includes documentation of all Medicaid-reimbursable services to justify Medicaid payment.

Clinical Records and Maintenance (Cont.)

- Clinical records must be current meet documentation requirements and provide a clear descriptive narrative of the services provided.
- Records are key documents for post-payment review. In the absence of appropriately completed clinical records, previous payments may be recovered by SCDHHS.
- It is essential that an internal records review be conducted by each LEA to ensure that the services are medically necessary and appropriate both in quality and quantity, and that service delivery, documentation and billing comply with Medicaid policy and procedures.

Note: If an error occurs on any documentation the nurse must place a line through the error, make the correction, initial and date.

Electronic Signatures

The South Carolina Department of Health and Human Services (SCDHHS) Electronic Signature policy guidelines:

- South Carolina Department and Health and Human Services (SCDHHS) will accept electronic signatures on Medicaid documentation when an electronic health record/system is being utilized.
- Please review the SCDHHS Provider Administrative and Billing Manual to review/identify the requirements and standards specific to electronic signatures.

Note: The electronic signatures must be clearly seen on all documents and must include provider’s name title, and date.

Personnel Records

School districts are responsible for verifying the staff's credentials via the following authorities:

- South Carolina Department of Labor, Licensing and Regulation (SCLLR) — exclusions and terminations,
- SCDHHS Office of Inspector General (OIG)website — exclusions and terminations,
- Federal OIG website — exclusions and terminations.

Copies of documents must be kept in the credential file or in the student's file. (Copies of the OIG lists must be date stamped.)

Questions

Please send all emails to your district's respective Education Associate and/or to medicaidservices@ed.sc.gov.

ed.sc.gov